



MINISTRY OF INDUSTRIALISATION AND TRADE
 Directorate of Industrial Development
MSME Certification Intake Form

Please complete this form fully to apply for the MSME Certificate issued to qualifying Micro, Small and Medium Enterprises.

A: Basic business and financial information

*Registered Business Name:		*Registration Number:	
*Contact Person:	*Telephone:	Fax:	Email:
*Postal Address:		*Physical Address:	
Legal Status:	<input type="checkbox"/> Closed Corporation	<input type="checkbox"/> Sole Proprietary	<input type="checkbox"/> Pty (Ltd) <input type="checkbox"/> Public Ltd
	<input type="checkbox"/> Incorporated Company (Inc)	<input type="checkbox"/> Section 21 Company (NGO)	<input type="checkbox"/> Others: (Specify)
*Region:	*City/Town	*Constituency:	
*Location Status:	<input type="checkbox"/> Rural area	<input type="checkbox"/> Urban area	<input type="checkbox"/> Industrial Park <input type="checkbox"/> SME module <input type="checkbox"/> EPZ
*Income Tax/VAT Registration Number:			
*Capital employed: N\$	*Last year's turnover: N\$	*Projected turnover: N\$	
Annual expenditure: N\$	Production Capacity P/M: N\$	*Bank Name:	

***B: Ownership information**

1. Mr/Ms	Name(s):	Surname:	Percentage owned:
Citizenship:		ID/Passport No:	Gender:
2. Mr/Ms	Name(s):	Surname:	Percentage owned:
Citizenship:		ID/Passport No:	Gender:
3. Mr/Ms	Name(s):	Surname:	Percentage owned:
Citizenship:		ID/Passport No:	Gender:
4. Mr/Ms	Name(s):	Surname:	Percentage owned:
Citizenship:		ID/Passport No:	Gender:
5. Mr/Ms	Name(s):	Surname:	Percentage owned:
Citizenship:		ID/Passport No:	Gender:

NB: If there are more than 5 owners, please attach their details, as specified above, to the back of this form.

C: General operations and employment information

*Main Business Activity:			
Were you awarded tender last year?	Yes	No	If yes, Tender amount N\$:
Did you undergo any MITSMED – sponsored training?	Yes	No	If yes, Specify
*Number of employees registered with Social Security Commission	Male:	Female:	Namibian: Foreign:
Year employment created (eg 2018 = 1, 2019 = 2):			
List training required by your company:			
Other relevant information:			
To the best of my knowledge, I declare that the above particulars are complete and correct.			For office use only
Signature	Name	Date	

*Please attach Certified Copies of the following Documents :(1) *Social Security Commission Good Standing Certificate, (2), *Income Tax/VAT Good Standing Certificate from Ministry of Finance. (3) *ID or Passport,*

NB: Items marked with * are mandatory. Incomplete applications will not be accepted.